

LITTLE HOOVER COMMISSION

Preparedness Hearing

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Good Afternoon. It is a pleasure to have the opportunity to testify before the Little Hoover Commission about terrorism preparedness in the California-Mexico Border region. My name is Stephen Waterman. I am a medical officer for the Division of Global Migration and Quarantine stationed in the Centers for Disease Control and Prevention's (CDC's) San Diego Quarantine and Border Health Services Station. My remarks today will focus primarily on emergency response activities associated with cross-border coordination, rather than a comprehensive inventory of CDC's preparedness activities that occur with the State.

I was asked to address 5 questions.

First, what steps would be taken to address a health emergency such as a flu pandemic or smallpox in the border region?

Rapid detection and notification of clinical cases or clusters of cases by the medical care system to the public health system is critical. The CDC Public Health Emergency Preparedness Cooperative Agreement provides \$61 million in funding to the state of California which includes about \$1.4 million in funding for the Early Warning Infectious Disease surveillance (EWIDS) Program. The EWIDS Program aims to enhance early detection, identification, reporting, and investigation of infectious disease outbreaks at our borders with Mexico and Canada.

Once detected, the outbreak would be reported to the CDC. CDC would then work with the California Department of Health in determining what additional Federal resources are needed. In addition, CDC would dispatch Health Alert Network messages to put the United States health care community on alert status as well as activate emergency operations connected to other international, Federal, state and local agencies.

Rapid communication between public health epidemiologists on both sides of the border would be essential to carrying out a binational epidemiologic investigation to define the magnitude and distribution of the problem in order to formulate an appropriate response strategy. Binational containment strategies would likely include interventions such as isolation of cases and quarantine of contacts, vaccination, and provision of antiviral medications including decisions whether to mobilize CDC's Strategic National Stockpile (SNS) assets. Currently, the SNS has enough smallpox vaccine to vaccinate everyone in

the United States. In addition, SNS has procured a stockpile of influenza antiviral medications.

Additional steps would be to binationally coordinate risk communications messages through the media and to coordinate medical surge capacity response.

What is CDC's capacity to rapidly analyze and respond to California health emergencies? What are the communications and analysis infrastructure between California, Mexico and the Centers for Disease Control? Do systems ensure timely and effective analysis and communication for critical issues?

CDC has robust capacity to respond to a request from the California Department of Health through, typically, the State Health Officer or State Epidemiologist, for assistance in responding to a health emergency. Of course, California also has many strengths to respond and CDC would provide support to California's response.

CDC's Emergency Operations Center would facilitate a collaborative, coordinated information flow between California, and the CDC, the Department of Health and Human Services, and other Federal entities as needed. This will help to ensure a timely, effective and well-coordinated Federal response to provide state assistance.

In addition, SNS consultants have worked with California planners to enhance statewide capacity to receive, stage, store and dispense medical material. Recently, significant improvements have been made which have included the addition of staff with background in public health, pharmacy, emergency management and law enforcement. Expertise in all of these areas is necessary for successful planning and preparedness.

Conventional and secure redundant backup communication systems with 24/7 coverage are in place between California and CDC. Mexico is linked to these communication systems and is a member of the Global Security Action Group which includes the G7 countries plus Mexico. However, communication system links with Mexico are in need of further development. In addition, personnel infrastructure in Mexico for analysis in Mexico is thin. Also, few bilingual health professionals are in place on both sides of the border.

What equipment and system upgrades could assist California and the Centers for Disease Control to coordinate binational prevention of response to emergencies in the U.S.-Mexico border region? How have these needs changed in the last few years? What steps might California consider for better mobilizing and organizing resources to prevent unnecessary loss of life from a large scale emergency?

First I should mention that President Bush and President Fox of Mexico along with the Canadian Prime Minister recently signed an agreement known as the Security and Prosperity Partnership through which North American cross-border preparedness initiatives can hopefully blossom.

Federal HHS and CDC are currently providing funding through a couple of sources for laboratory and epidemiologic capacity enhancements in Mexico. One source is from the CDC division I work for which over the last 6 years or so has brought together epidemiologists and laboratorians on both sides of the border to work toward unifying disease tracking on both sides of the border for important public health problems. Another source the last year or so which is the largest source of federal funds for both the northern and southern borders is the Early Warning Infectious Disease Surveillance or EWIDS Program which I've already mentioned. These funds are going to both US states and Mexico and can be spent to foster partnerships on the border. These funds are important to address needed infrastructure development in Mexico. For example, Baja California has no functional public health laboratory and specimens from Tijuana must be sent to the Mexican State of Sonora, over 550 miles away or to Mexico City, and Baja California proposes to use these funds to, among other things, improve its laboratory capacity.

California can work with CDC and Mexico to bring Mexico into the Laboratory Response Network, a network of laboratories equipped with state of the art testing for bioterrorism agents. This process has begun but will require time and collaboration at many levels.

California could consider support for training of bilingual professionals in both countries and meaningful personnel exchanges.

California could also consider encouraging timely completion of ongoing efforts to establish high level agreements between the US and Mexico for epidemiologic information sharing and binational investigations, and for shared laboratory testing, when necessary to speed emergency response.

Washington State is establishing a mutual aid agreement with the Canadian Province of British Columbia; California could consider a similar agreement with Baja California. The legal issues of states establishing international agreements obviously need to be fleshed out. California could consider, as Washington State is doing, development of a binational emergency response plan as an annex to its state response plan and working with HHS to develop a borderwide binational emergency response plan.

At the request of the Mexican government, and coordinated through CDC's Coordinating Office of Global Health, SNS staff met with public health officials in Mexico in November 2004 to begin discussions aimed at helping Mexico create its own stockpile. California could work with CDC, HHS, and Mexico to plan for possible mobilization of the SNS for binational border emergencies.

California could support development of communication systems that link the public health and emergency systems of California and Baja California. These might include working on messaging standards and computer program development to link the different

internet platform database systems of the US and Mexico and helping to support broad band fiberoptic links to Baja California emergency response partners which are currently lacking in many key instances.

The federal Health Resources and Services Administration (HRSA) grant awards to hospitals in California for terrorism preparedness could be used to assess binational surge capacity for an emergency on the border.

California and Baja California could conduct a multidimensional binational disaster exercise every 2 years including testing of capacity for coordinated media risk communication messages and surge capacity of hospital beds and isolation facilities.

How does my CDC office in San Diego coordinate response with the Centers for Disease Control in Atlanta, and the various California agencies involved if a large-scale response? What practice exercises has my office participated in with state agencies, as well as the private sector, local and federal partners that may be available to assist in the event of a critical threat to public health?

CDC Quarantine Station in San Diego, together with other CDC staff assigned to California, would work with the State DHS to facilitate a rapid and appropriate CDC response. A unified incident command system would be put in place linking CDC with the appropriate state players as well as with the Federal partners.

The most important exercise we have been involved with to date was the Department of Defense sponsored border quarantine exercise in December, 2004, in San Diego. This exercise involved multiple California State organizations as well as local public health, hospitals, military, local law enforcement, and CDC. The focus was on local incident command structure and coordination for large scale quarantine.

Are specialized or unique approaches needed to address potential public health emergencies in the border region?

Specialized and unique approaches are indeed necessary to address potential public health emergencies in the border region because of the obvious challenges and barriers to binational communication and coordination, because of the potential for public health emergencies to spread well beyond borders, and because of the potential for major economic disruption, with statewide impact.

In conclusion, hopefully many of these approaches to binational border preparedness can move forward at a quickened pace with California leadership in partnership with counterparts in Baja California and Mexico and CDC and HHS. Such efforts can build upon the significant progress the California Office of Binational Border Health has made in fostering cooperation with Baja California.

Thank you.